## **Extreme Kids Youth Programmes**

**Provided By: ESports Gaming Whangarei** 

Venue: Extreme Mini Golf **Child Enrolment Form:** Child/(rens) Details:

**Enrolment Details: (Please Tick)** 

MSD#: 900-075-994

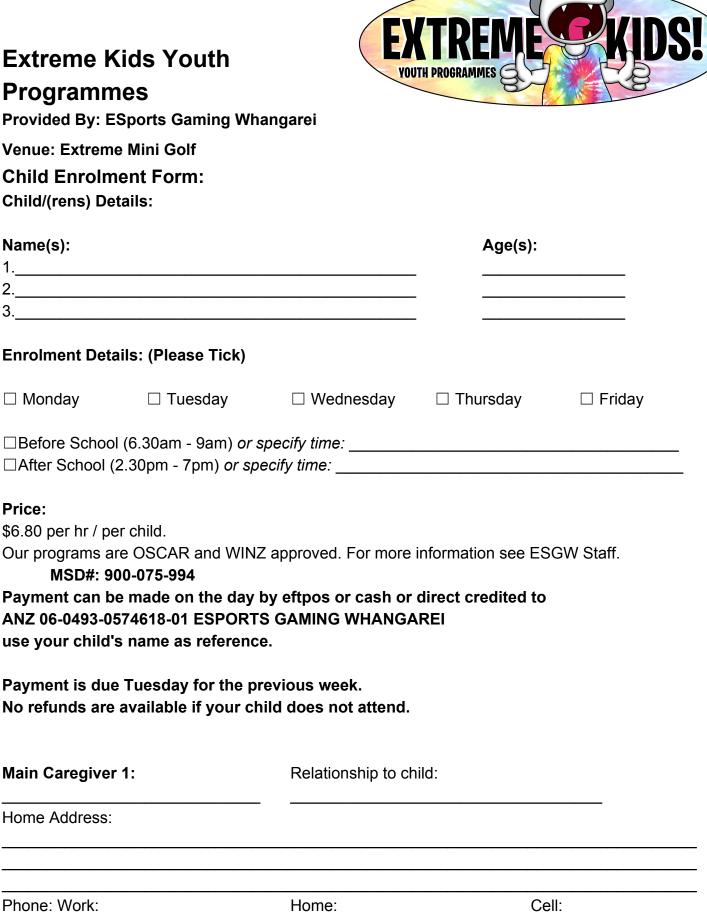
use your child's name as reference.

☐ Monday

\$6.80 per hr / per child.

Name(s):

Price:



Payment is due Tuesday for the previous week.  No refunds are available if your child does not attend.				
Main Caregiver 1:	Relationship to child:			
Home Address:				
Phone: Work:	Home:	Cell:		

Phone: Email:  Emergency Contact #2:  Name: Relationship to child:	Caregiver 2:	Relationship to child:				
Phone: Work: Home: Cell:						
People Authorised to collect your child(ren):  Emergency Contact #1:  Name: Relationship to child:						
People Authorised to collect your child(ren):  Emergency Contact #1:  Name: Relationship to child:	Phone: Work:	Home: Cell:				
Emergency Contact #1:  Name:	Email:					
Name: Relationship to child:	People Authorised to collec	t your child(ren):				
Name: Relationship to child:						
Name: Relationship to child:	Emergency Contact #1:					
Home Address:  Phone:  Emergency Contact #2:  Name:  Home Address:  Phone:  Email:  Doctor's Details:  Childs Doctor:  Practice Address:  Additional Information:  Does your child have any particular health needs we should be aware of?  (eg. allergies, food requirements, asthma, medical conditions etc.)  Is there anything else we should know about in order to provide the best care for your child?		Relationship to child:				
Emergency Contact #2:  Name: Relationship to child:  Home Address: Email:  Phone: Email:  Doctor's Details: Phone: Phone:  Practice Address: Phone: Phone:  Additional Information: Does your child have any particular health needs we should be aware of? (eg. allergies, food requirements, asthma, medical conditions etc.)  Is there anything else we should know about in order to provide the best care for your child?						
Name: Relationship to child: Home Address: Email:  Phone: Email:  Doctor's Details: Phone: Practice Address: Phone:  Practice Address: Phone:  Additional Information: Phone your child have any particular health needs we should be aware of? (eg. allergies, food requirements, asthma, medical conditions etc.) Is there anything else we should know about in order to provide the best care for your child?		Email:				
Home Address:  Phone:    Email:	Emergency Contact #2:					
Phone: Email:  Doctor's Details: Phone: Phone:  Practice Address:  Additional Information: Does your child have any particular health needs we should be aware of? (eg. allergies, food requirements, asthma, medical conditions etc.) Is there anything else we should know about in order to provide the best care for your child?		Relationship to child:				
Phone: Email:  Doctor's Details: Phone: Phone:  Practice Address:  Additional Information: Does your child have any particular health needs we should be aware of? (eg. allergies, food requirements, asthma, medical conditions etc.) Is there anything else we should know about in order to provide the best care for your child?						
Childs Doctor: Phone: Practice Address:  Additional Information:  Does your child have any particular health needs we should be aware of? (eg. allergies, food requirements, asthma, medical conditions etc.)  Is there anything else we should know about in order to provide the best care for your child?						
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, ,	(eg. allergies, food requirement	nts, asthma, medical conditions etc.)				
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## **Parent / Main Caregiver Contract:**

## **Important Information:**

This is based on a two week trial period for both the child and program to ensure all parties are comfortable with our processes and we can supply a safe environment for all children and staff.

## **Important Information:**

Please advise an ESGW staff member if you do not want photos of your child to be taken. Any photos taken will be used for marketing purposes ONLY.

Snacks and fruit will be supplied, please bring a drink bottle. There is filtered water available to refill bottles. We have facilities to serve your child breakfast if required. eg. toast, cereal (you must supply food). We have a small selection of drinks and snack food available for purchase, however we do not take any responsibility for money sent with your child.

Do you give perr purposes only	nission f	or pho	otos of your child/ren to be taken and used for marketing
	YES -	NO	Sign
•		•	lete the enrolment. If you have any questions about the te to ask a member of our staff.
<ul><li>The Before urgent med</li><li>I will notify soon as po</li></ul>	l and und / After S lical treat the Befor ssible.	erstand chool F ment a e / Afte	nd the enrolment information  Program Supervisor has my permission to arrange any necessary  at my cost.  er School Program Supervisor of any changes to enrolment as  stipulated in this enrolment form.
	•		are and supervision to all children attending the programme in policies and procedures.
only be strictly used or distributed for an	the inforn by the Es y other pu	nation o Sports ( rposes	contained herein is confidential and, pursuant to the Privacy Act, will Gaming Whangarei team to effectively care for my child and not used s. Representatives from the social services procurement team, Ministry information as part of the programme assessment process."
Name of Caregive	er:		
Signed:			Date:
Staff Only			

Date:

Enrolment Processed By: